Instructions for Completing a Special Milk Claim for Reimbursement

Step 1: Log in to the Child Nutrition Technology System at https://www.ncchildnutrition.org

Step 2: Select the "Claims" tab



Step 3: Select the "Claim – SNP"



Step 4: Select the Claim Month

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Jul 2012					\$0.00
Aug 2012					\$0.00
Sep 2012					\$0.00
Oct 2012					¢n nn

Step 5: Select "Add Original Claim"



Step 6: Complete "Special Milk Program" Information

M1= Number of ½ Pints of Milks purchased

M2= Total cost of milks purchased

M3= Number of sites providing milk during the claim month

M4= Total Monthly Attendance – <u>THIS IS A NEW REQUIREMENT.</u> Please enter the total attendance for the entire claim month. For example, if there were 10 days during the claim month and a daily total of 800 students, the figure entered would be 8000

M5= Number of days milk served during the month

M6= Number of milks served to students by category

Special Milk Program

M1.	Number of Fluid Milk 1/2 Pints Purchased:	0
M2.	Total Cost of Fluid Milk Purchased This Month:	\$ 0.00
мз.	Authorized Sites Participating:	0
M4.	Total Monthly Attendance:	0
M5.	Number Operating Days:	0
M6.	Reimbursable Milk Served (Children Only)	
	a. Free Milk Served:	
	b. Paid Milk Served:	
	c. Total Milk Served (a + b):	

If the SFA is a "NON-PRICING PROGRAM": All milks are to be claimed as "PAID MILK"

If the SFA is a "PRICING without FREE OPTION": All milks are to be claimed as "PAID MILK"

If the SFA is a "PRICING with FREE OPTION": Milk provided to free students based on a household application are claimed as "FREE", all others "PAID"

Step 7: Press Save

Save	Cancel
------	--------

Step 8: The following screen appears once the "Save" button is pressed, the following information appears. Review the meals entered for accuracy and then check the "Certification" box and press "Submit for Payment"

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2012	0				
SFA Totals					
Meal Type	١	leals/Supplements Served		Federal Rate	Reimbursement Federal Amount
Special Milk Pro	gram				
Free		()	0.2500	0.00
Paid		575	5	0.1925	110.69
Total		575	5		110.69
Claim Reimburs	ement Total				110.69
Certification					
my knowled		e unit has complied	_	he records of this office nd state requirements a	
		< Back	Submit For Paym	ent	

Step 9: The system now provides a confirmation number for every claim submitted. Select "Finished" to complete the submission of the monthly claim. (TURN TO NEXT PAGE)

Month/Year	Adjustment	Date	Date	Date	Reason	
Claimed	Number	Received	Accepted	Processed	Code	
Aug 2012	0	09/04/2012	09/04/2012		Original	

Confirmation Number: CDHFBD

Thank you for your August 2012 Claim Submission.

An email confirmation has been sent to:

Finished